

11/09/00

Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/2000. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	501.39180R00
First Named Inventor	Kyoko IKAWA, et al
Original Patent Number	5,834,922
Original Patent Issue Date (Month/Day/Year)	November 10, 1998
Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribbioned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

- ☐ Written Consent of all Assignees (PTO/SB/53 or 54)
- ☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other:

* NOTE FOR ITEMS 1 & 10 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

020457

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

Melvin Kraus

Registration No. (Attorney/Agent)

22,466

Signature

Date

Nov. 9, 2000

⊕ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

11-09-00

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

501.39180R00

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 31	Total Claims (37 CFR 1.16(j))	(B) 63	**** 32 =	x \$ ____ =		or	x \$ 18 = 576
(C) 6	Independent Claims (37 CFR 1.16(i))	(D) 14	8 =	x \$ ____ =			x \$ 80 = 640
Basic Fee (37 CFR 1.16(h))					\$ ____		\$ 710
Total Filing Fee					\$ ____	OR	\$ 1,926

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee					\$ ____	OR	\$ ____	

If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.


*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2135.
A duplicate copy of this sheet is enclosed.
- ☒ A payment in the amount of \$1,926.00 to cover the filing/additional fee is enclosed.

Nov. 9, 2000
Date

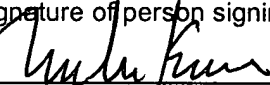
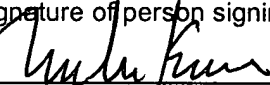
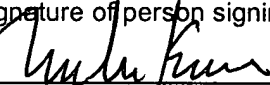

Signature of Applicant, Attorney or Agent of Record

Melvin Kraus, Reg. No. 22,466

Typed or printed name

00607 "29580260

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION BY THE ASSIGNEE, OFFER TO SURRENDER PATENT		Docket Number (Optional) 501.39180R00				
<p>This is part of the application for a reissue patent based on the original patent identified below.</p> <p>Name of Patentee(s): Kyoko IKAWA, et al.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Patent Number 5,834,922</td> <td style="width: 50%; padding: 5px;">Date Patent Issued November 10, 1998</td> </tr> </table> <p>Title of Invention SECONDARY BATTERY POWER STORAGE SYSTEM</p> <p><u>HITACHI, LTD.</u> is the assignee of the entire interest in the original patent.</p> <p>I offer to surrender the original patent.</p> <p><input checked="" type="checkbox"/> A certificate under 37 CFR 3.73(b) is attached.</p> <p>I am authorized to act on behalf of the assignee.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.</p> <p>Name of assignee HITACHI, LTD.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Signature of person signing for assignee </td> <td style="width: 40%; padding: 5px;">Date November 9, 2000</td> </tr> </table> <p>Typed or printed name and title of person signing for assignee Melvin Kraus Attorney</p>			Patent Number 5,834,922	Date Patent Issued November 10, 1998	Signature of person signing for assignee 	Date November 9, 2000
Patent Number 5,834,922	Date Patent Issued November 10, 1998					
Signature of person signing for assignee 	Date November 9, 2000					

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.